

**Kansas Health Nutrition and Activity Survey**  
2005-2006  
Revised June 21, 2005

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## INTRODUCTION AND CONSENT SECTION

### Interviewer Script:

Hello. I am calling for the Kansas Health Institute and the Kansas Department of Health and Environment. My name is (name). Your phone number has been chosen randomly and we are gathering information on the health and health practices.

Is this (phone number)? **If ‘No’,** : Thank you very much, but I seem to have dialed the wrong number.. **Stop.**

Is this a private residence? **If ‘No’:** Thank you very much, but we are only interviewing people in private residences. **Stop.**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

\_\_\_\_\_ Number of adults

**If “1”** : Are you the adult?

**If “yes”** : Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to “Consent” section on next page.**

**If “no”** : Is the adult a man or a woman? Enter 1 man or woman below. May I speak with [fill in (him/her) from previous question]? **Go to “correct respondent” on next page.**

How many of these adults are men and how many are women?

\_\_\_\_\_ Number of men

\_\_\_\_\_ Number of women

The person in you household that I need to speak with is \_\_\_\_\_. **If “you”, Go to “Consent” section on next page.**

**To correct respondent:** HELLO. I’m (name), calling for the Kansas Health Institute and the Kansas Department of Health and Environment. You have been randomly chosen to be interviewed and I’d like to ask you some questions about health and health practices.

## Section 1: Race/Ethnicity Screener

First, I need to ask you a few questions that will help us ensure we are getting adequate representation from different groups of people.

1.1 Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

1.2 Which one or more of the following would you say is your race?

**(Mark all that apply, please read:)**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Pacific Islander
- 5 American Indian, Alaska Native
- OR
- 6 Other (specify) \_\_\_\_\_
- 8 No additional choices

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

**If more than one response to Q1.2, continue. Otherwise, Go to Section 2.**

1.3 Which of the following groups would you say best represents your race?

**[Mark only one]**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other (specify) \_\_\_\_\_
- 7 Don't know / Not sure
- 9 Refused

**If “yes” to question 1.1 or “Black or African American” to question 1.2, then proceed to question 2.1. Else, a randomization process will occur such that only a sub-sample of respondents will be selected to proceed with interview. If respondent**

**is randomly selected to participate, proceed to consent and question 2.1. If respondent is not randomly selected to participate, read the following statement:**

Thank you very much for your time and cooperation, but our random selection process has determined that it is not necessary to proceed with our interview at this time. Have a good [day/evening].

**TERMINATE INTERVIEW.**

**If the respondent is selected to participate, read the following statement:**

**Consent:**

I won't ask for your name, address, or other personal information that can identify you. Your participation is voluntary and will not affect any services you may receive from the state of Kansas. You don't have to answer any questions that you don't want to, and you can end the interview at any time. The interview takes a short time and any information that you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to get more information.

**Section 2. Health Status:**

2.1 Would you say that in general your health is:

**[Please read:]**

- 1      Excellent
- 2      Very Good
- 3      Good
- 4      Fair
- 5      Poor

**[Do not read:]**

- 7      Don't know/ Not sure
- 9      Refused

2.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

\_\_\_ \_\_\_ Number of days

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

- 2.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

\_\_\_ \_\_\_ Number of days  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

- 2.4 Have you ever been told by a doctor, nurse or other health professional that you have diabetes?

**(If “Yes” and female respondent, ask “Was this only when you were pregnant?”)**  
**(If Respondent says pre-diabetes or borderline diabetes, use response code 4.)**

1 Yes  
2 Yes, but female told only during pregnancy  
3 No  
4 No, pre-diabetes or borderline diabetes  
7 Don't know/ Not sure  
9 Refused

- 2.5 Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?

**(If “Yes” and female respondent, ask “Was this only when you were pregnant?”)**

1 Yes  
2 Yes, only during pregnancy [Go to Q 2.7]  
3 No [Go to Q 2.7]  
7 Don't know/ Not sure [Go to Q 2.7]  
9 Refused [Go to Q 2.7]

- 2.6 Are you currently taking medicine for your high blood pressure?

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

- 2.7 Blood cholesterol is a fatty substance found in the blood. Have you ever had your cholesterol checked?

1 Yes  
2 No [Go to Q 2.10]  
7 Don't know / Not sure [Go to Q 2.10]  
9 Refused [Go to Q 2.10]

2.8 About how long has it been since you last had your cholesterol checked?

**[Read only if necessary:]**

- 1 Within the past year (any time less than 12 months ago)
- 2 Within the past 2 years ( 1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know/ Not sure
- 9 Refused

2.9 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2.10 Have you ever been told by a doctor, nurse, or other health professional that you have asthma?

- 1 Yes
- 2 No **[Go to Section 3]**
- 7 Don't know / Not sure **[Go to Section 3]**
- 9 Refused **[Go to Section 3]**

2.11 Do you still have asthma?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

### Section 3: Adult Time Constraints

3.1 Are you currently:

**[Please read:]**

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A homemaker
- 6 A student
- 7 Retired

OR

- 8 Unable to work

**[Do not read:]**

- 9 Refused

**[If answer to Q3.1 is 1, 2, 6 or 7 Go to 3.2, Otherwise Go to Q 3.3]**

3.2 You indicated that you were [insert response from Q3.1]. On average, how many hours per week, if any, do you work at a job or business?

- Number of hours (76 = 76 or more hours)
- 8 8 Do not work/ none
- 7 7 Don't know/ Not sure
- 9 9 Refused

**If number of adults in household is greater than 1, continue. Otherwise, Go to section 4.**

3.3 You indicated that there are (number) adults living in your household. Besides yourself, how many of the other adults in your household are employed outside the home?

- Number
- 77 Don't know / Not sure
- 99 Refused

## **Section 4 : Physical Activity**

**If Q 3.2 is greater than zero, but less than 77, continue. Otherwise Go to Q 4.6.**

- 4.1 When you are at work, which of the following best describes what you do?  
Would you say:

**(Note to interviewer: If respondent has multiple jobs, include all jobs.)**

**[Read options:]**

- 1 Mostly sitting or standing
- 2 Mostly walking
- 3 Mostly heavy labor or physically demanding work

**[Do not read:]**

- 7 Don't know/ Not sure
- 9 Refused

- 4.2 Do you have lunch breaks or other regular breaks during most workdays?

- 1 Yes
- 2 No **[Go to Q 4.4]**
- 7 Don't know/ Not sure **[Go to Q 4.4]**
- 9 Refused **[Go to Q 4.4]**

- 4.3 In a usual week, do you use your lunch or other regular work breaks to do physical activity or exercise, such as walking, aerobics, or jogging for at least 10 minutes at a time?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 4.4 Does your workplace have any policies or rules that state whether or not employees may use lunch or other break times for exercise or physical activity?

**[If yes, probe for which]**

- 1 Yes, may use breaks to exercise or be physically active
- 2 Yes, MAY NOT use breaks to exercise or be physically active
- 3 No policies or rules
- 7 Don't know/ Not sure
- 9 Refused

**If answer to Q4.3 is NO and Q4.4 is 1 or 3 continue. Otherwise go to Q4.6**



- 4.5 What is the main reason you are not more physically active during your break time?

**[Read only if necessary. Code 1 response]**

- 1 Must remain at desk or work station during breaks
- 2 Usually eat during breaks
- 3 Breaks are too short
- 4 Not allowed to use breaks for physical activity
- 5 Don't usually take breaks / too busy with work
- 6 Usually do personal business or errands during breaks
- 7 No good place to be physically active at workplace
- 8 Usually rest during break time
- 9 Don't want to go back to work sweaty
- 10 Already get enough physical activity
- 11 Other (specify) : \_\_\_\_\_
- 77 Don't know/ Not sure
- 99 Refused

We are interested in two types of physical activity: vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 4.6 Now, thinking about the moderate physical activities that you do *[fill in (when you are not working), if 'employed' or 'self-employed']* in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

- 1 Yes
- 2 No **[Go to Q4.9]**
- 3 Don't know / Not sure **[Go to Q 4.9]**
- 4 Refused **[Go to Q 4.9]**

- 4.7 How many days per week do you do these moderate activities for at least 10 minutes at a time?

- Days per week
- 8 8 Does not exercise 10 minutes weekly **[Go to Q 4.9]**
- 7 7 Don't know / Not sure **[Go to 4.9]**
- 9 9 Refused **[Go to 4.9]**

- 4.8 On days when you do moderate activities for at least 10 minutes at a time, how much total time *per day* do you spend doing these activities?

\_ : \_ \_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 4.9 Now thinking about the vigorous physical activities that you do **[fill in (when you are not working) if 'employed' or 'self-employed']** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

1 Yes  
2 No **[Go to Section 5]**  
7 Don't know / Not sure **[Go to Section 5]**  
9 Refused **[Go to Section 5]**

- 4.10 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

\_ \_ Days per week  
8 8 Does not exercise 10 minutes weekly **[Go to Section 5]**  
7 7 Don't know / Not sure  
9 9 Refused

- 4.11 On days when you do vigorous activities for at least 10 minutes at a time, how much total time *per day* do you spend doing these activities?

\_ : \_ \_ Hours and minutes per day  
7 7 7 Don't know / Not sure  
9 9 9 Refused

## **Section 5: Personal Barriers to Physical Activity**

- 5.1 Are you currently physically active or exercising as much as you WANT?

1 Yes  
2 No  
7 Don't know / Not sure  
9 Refused

5.2 Are you currently physically active or exercising as much as you think you SHOULD?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**If NO to Q5.1 OR 5.2 then continue. Otherwise, go to next section.**

5.3 What is the main personal reason that you do not exercise more or be more physically active?

**[Mark only one, do not read]**

- 1 I don't have enough time
- 2 Too tired or don't have the energy
- 3 Ill or otherwise physically unable
- 4 Don't enjoy being active
- 5 Don't have anyone to be active with
- 6 Afraid of injury
- 7 It is too expensive
- 8 Already get enough exercise
- 9 Self-motivation or will-power
- 10 No personal reason
- 11 Other (specify) \_\_\_\_\_
- 77 Don't know/ Not sure
- 99 Refused

- 5.4 What one thing would it take to get you to exercise more or be more physically active?

**[Mark only one, do not read]**

- 1 More time
- 2 Money
- 3 Access
- 4 Support from family
- 5 Support from a friend
- 6 Childcare
- 7 Doctor's advice
- 8 Transportation
- 9 Facilities
- 10 Self-motivation or will-power
- 11 No personal reason
- 12 Already get enough exercise
- 13 Other (specify) \_\_\_\_\_
- 77 Don't know/ Not sure
- 99 Refused

## **Section 6: Community Environment**

- 6.1 During the past month, did you walk for transportation, like to go to or from work, to run errands, or to go somewhere else that you wanted or needed to go?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

- 6.2 In your community, are there businesses or places where you need to go, such as stores or churches, where you can walk instead of driving?

- 1 Yes
- 2 No **[Go to Q 6.4]**
- 7 Don't know/ Not sure **[Go to Q 6.4]**
- 9 Refused **[Go to Q 6.4]**

- 6.3 Do you consider it safe to walk there?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

6.4 During the past month, how often did you ride a bicycle for transportation, like to go to or from work, run errands, or to go somewhere else that you wanted or needed to go?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

6.5 In your community are there public swimming pools, parks, walking trails, bike trails, or other recreation facilities you could use at no cost if you wanted to?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

6.6 In your community are there health clubs or other recreation facilities that require you to pay to use if you wanted to?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

**If 'YES' to Q5.1 AND 5.2 the skip to Q7.1**

- 6.7 What, if anything, about your community or neighborhood keeps you from doing physical activity or exercising more?

**[Mark all responses, do not read]**

- 1 Not enough sidewalks
- 2 Not enough bike lanes or paths
- 3 Not enough recreational facilities
- 4 Not enough physical activity programs
- 5 High crime
- 6 No street lights
- 7 Unattended dogs
- 8 Too many hills
- 9 Bad weather
- 10 Heavy traffic
- 11 Poor air from cars
- 12 Poor scenery
- 13 Rural environment or remote area
- 14 Gang violence
- 15 Verbal abuse from persons on street
- 16 Mentally ill or homeless people on street
- 17 Random gunshots
- 18 Speeding drivers
- 19 Nothing or no reason
- 20 Other reason (specify) \_\_\_\_\_
- 77 Don't know/ Not sure
- 99 Refused

## Section 7: Sedentary Behaviors

**[If answer to Q3.1 is 3, 4, 5, 8 or if answers to Q3.1 is 6 or 7 AND Q3.2 equals 88 Go to 7.3, Otherwise Go to 7.1]**

- 7.1 On a typical day that you work, but not counting time at your job, how many hours and minutes per day do you watch TV, video tapes or DVDs?

\_\_\_:\_\_\_ Hours and minutes per day  
8 8 8 8 None  
7 7 7 7 Don't know/ Not sure  
9 9 9 9 Refused

- 7.2 On a typical day that you work, but not counting time at your job, how many hours and minutes do you spend using a computer or playing interactive electronic games, computer games, Nintendo, Gameboy, PlayStation, or others?

\_\_\_:\_\_\_ Hours and minutes per day  
8 8 8 8 None  
7 7 7 7 Don't know/ Not sure  
9 9 9 9 Refused

- 7.3 On a typical day **[fill in (that you do not work if 3.2 > 0 hours worked)]**, how many hours and minutes per day do you watch TV, video tapes or DVDs?

\_\_\_:\_\_\_ Hours and minutes per day  
8 8 8 8 None  
7 7 7 7 Don't know/ Not sure  
9 9 9 9 Refused

- 7.4 On a typical day **[fill in (that you do not work if 3.2 > 0 hours worked)]**, how many hours and minutes do you spend using a computer or playing interactive electronic games, computer games, Nintendo, Gameboy, PlayStation, or others?

\_\_\_:\_\_\_ Hours and minutes per day  
8 8 8 8 None  
7 7 7 7 Don't know/ Not sure  
9 9 9 9 Refused

## Section 8: Dietary Intake:

8.1. Would you consider your eating habits to be....

**[Please read:]**

- 1      Excellent
- 2      Very good
- 3      Good
- 4      Fair
- 5      Poor

**[Do not read:]**

- 7      Don't know / Not sure
- 9      Refused

Next, I'm going to ask you about specific food groups. I am only interested in the foods you eat. Please include all foods you eat, both at home and away from home.

8.2 How many servings of fruit or fruit juice, including fresh, canned, frozen, or dried, do you usually eat or drink per day or per week?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.3 How many servings of vegetables or vegetable juice, including fresh, canned or frozen, do you usually eat or drink per day or per week? Please include potatoes, but not French Fries.

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused



- 8.4 How many servings of any kind of breads, rolls, cereals, pasta, rice, or other grain foods do you usually eat per day or per week? Examples of a serving are one slice of bread; one-half cup of cooked cereal, rice or pasta; or one cup of cold cereal.

**(Interviewer instructions: If asked, please include bagels and muffins.)**

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 8.5 How often do you usually eat sweets, such as cakes, pies, donuts, cookies, or candy bars?

**(Interviewer instructions: If necessary, probe with "How many times per day or per week do you usually eat sweets, such as cakes, pies, donuts, cookies, or candy?")**

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 8.6 How often do you usually eat snack foods, such as crackers, chips, or nuts?

**(Interviewer instructions: If necessary, probe with "How many times per day or per week do you usually eat snack foods, such as crackers, chips, or nuts?")**

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 8.7 How many servings of beef, pork, hot dogs, lunch meats, or eggs do you usually eat per day or per week? A serving of meat is 2 to 3 oz., or about the size of a deck of cards.

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 8.8 How many servings of fish or poultry do you usually eat per day or per week? A serving of poultry or fish is about 2 to 3 oz, or about the size of a deck of cards.

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 8.9 How many servings of peanut butter or cooked dried beans, such as navy, pinto, or kidney beans, do you usually eat per day or per week? A serving of peanut butter is 2 tablespoons; a serving of cooked dried beans is about one-half cup.

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 8.10 How many servings of milk or yogurt do you usually consume per day or per week? Please include milk on cereal and chocolate milk. A serving of either milk or yogurt is 8 oz. or one cup.

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never **[Go to 8.12]**  
7 7 7 Don't know / Not sure **[Go to 8.12]**  
9 9 9 Refused **[Go to 8.12]**

8.11 Do you usually drink.....

**[Please read:]**

- 1 Whole milk
- 2 2% milk
- 3 1% milk
- 4 Skim milk or ½% milk
- 5 Combination of types
- 6 Other (specify ) \_\_\_\_\_

**[Don't read]**

- 7 Don't know / Not sure
- 9 Refused

8.12 How many servings of cheese do you usually eat per day or per week? Please include cottage cheese and foods with cheese in them. A serving of cheese is about 1 ½ oz.; a serving of cottage cheese is one cup.

**(Interviewer instructions: If asked, do not include cream cheese.)**

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

8.13 Are you currently trying to decrease or limit the amount of fat in the foods that you eat?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

8.14 Are you currently trying to decrease or limit the amount of cholesterol in the foods that you eat?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

8.15 Are you currently trying to decrease or limit the amount of salt in the foods that you eat?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

8.16 Are you currently trying to decrease or limit the amount of carbohydrates in the foods that you eat?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

8.17 Are you currently on a structured low carbohydrate diet such as Atkins, South Beach or other program?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

8.18 Next, I am going to ask you about the variety of foods that you eat on a regular basis. By variety, I mean the number of different foods within each food group that you usually eat over a period of time. Would you say that there is.....

**(Interviewer instruction: If necessary, use “ By variety, I mean the number of different foods within each food group that a person usually eats, for example, the number of different kinds of fruits and vegetables, cereals and breads, and meats that a person eats during a week.”)**

**[Please read:]**

- 1 Little variety in the foods you eat from day to day
- 2 Some variety
- 3 A lot of variety

**[Do not read:]**

- 7 Don't know/ Not sure
- 9 Refused

## Section 9: Meal settings

9.1 Do you usually eat or drink something for breakfast? Would you say....

**[Please read:]**

- 1 Almost Always or Always
- 2 Sometimes
- 3 Almost Never or Never

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

9.2 How often do you typically get meals in restaurants, cafeterias, or fast food places?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

9.3 How often do you sit down with other members of your family to eat dinner or supper? Would you say....

**[Please read:]**

- 1 Never
- 2 Some days
- 3 Most days
- 4 Every day

**[Do not read:]**

- 7 Don't know/Not sure
- 9 Refused

9.4 How often is there a TV on during meals? Would you say.....

**[Please read:]**

- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

**[Do not read:]**

- 7 Don't know/ Not sure
- 9 Refused

### **Section 10: Weight Control**

10.1 Are you now trying to lose weight?

- 1 Yes **[Go to Q10.3]**
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

10.2 Are you now trying to maintain your current weight, that is to keep from gaining weight?

- 1 Yes
- 2 No **[Go to Q 10.5]**
- 7 Don't know/ Not sure **[Go to Q 10.5]**
- 9 Refused **[Go to Q 10.5]**

10.3 Are you eating fewer calories or less fat to ....  
lose weight? **[if 'yes' to Q10.1]**  
keep from gaining weight ? **[if 'yes' to Q10.2]**

**Probe for which:**

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know/ Not sure
- 9 Refused

10.4 Are you using physical activity or exercise to ....  
lose weight [if 'yes' to Q10.1]  
keep from gaining weight [if 'yes' to Q10.2]

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

10.5 Do you have one person that you think of as your personal doctor or health care provider?  
[Interviewer: If 'no', ask 'Is there more than one or is there no person who you think of?']

- 1 Yes, only one
- 2 More than one
- 3 No [Go to Q 10.7]
- 7 Don't know/ Not sure [Go to Q 10.7]
- 9 Refused [Go to Q 10.7]

10.6 Have you seen your doctor in the past 12 months?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

10.7 In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight?

**Probe for which:**

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No
- 7 Don't know/ Not sure
- 9 Refused

## **Section 11: Diet and Health Knowledge & Beliefs**

Now I would like to ask you some questions about your opinions on your diet, health, food shopping and related topics.

11.1 How many servings of fruits and vegetables do you THINK experts recommend you should eat each day?

- \_\_\_ \_\_\_ Number of servings  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**Now I am going to read you some statements about what people eat. Please tell me if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.**

11.2 Choosing a healthy diet is just a matter of knowing what foods are good and what foods are bad.

- 1 Strongly agree  
2 Somewhat agree  
3 Somewhat disagree  
4 Strongly disagree  
7 Don't know / Not sure  
9 Refused

11.3 Some people are born to be fat and some thin; there is not much you can do to change this.

- 1 Strongly agree  
2 Somewhat agree  
3 Somewhat disagree  
4 Strongly disagree  
7 Don't know / Not sure  
9 Refused

11.4 There are so many recommendations about healthy ways to eat, it's hard to know what to believe.

- 1 Strongly agree  
2 Somewhat agree  
3 Somewhat disagree  
4 Strongly disagree  
7 Don't know / Not sure  
9 Refused



11.5 What you eat can make a big difference in your chance of getting a disease, like heart disease or cancer.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

11.6 The things I eat and drink now are healthy so there is no reason for me to make changes.

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know / Not sure
- 9 Refused

## **Section 12: Food Purchasing Decisions**

Now think about buying food. When you buy food, how important is each of the following factors?

12.1 How safe the food is to eat?

**[Please read:]**

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not important at all

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

12.2 Nutrition?

**[Please read:]**

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not important at all

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

12.3 Price?

**[Please read:]**

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not important at all

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

12.4 How well the food keeps?

**[Please read:]**

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not important at all

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

12.5 How easy the food is to prepare?

**[Please read:]**

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not important at all

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

12.6 Taste?

**[Please read:]**

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not important at all

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

12.7 How often do you read nutrition labels on food packages to decide whether or not to buy a food?

**[Please read:]**

- 1 Almost Always or Always
- 2 Sometimes
- 3 Almost Never or Never

**[Do not read:]**

- 7 Don't know/ Not sure
- 9 Refused

- 12.8 How often do you read nutrition labels on food packages to decide whether or not to eat a food?

**[Please read:]**

- 1 Almost Always or Always
- 2 Sometimes
- 3 Almost Never or Never

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

**Section 13: Availability of Food Choices**

- 13.1 Which of the following would best describe the place where your family usually purchases groceries?

**[Please read:]**

- 1 Warehouse/ discount center
- 2 Supermarket/ large grocery store
- 3 Small grocery store
- 4 Convenience store, such as a Quick Shop, Gas N' Shop, etc.

**[Do not read:]**

- 5 Other (specify) \_\_\_\_\_
- 7 Don't know/ Not sure
- 9 Refused

The next few questions are about the fresh fruits and vegetables sold at your grocery store. Do not include canned or frozen.

- 13.2 Thinking of the store where you do most of your grocery shopping, how would you rate the quality of their fresh fruits and vegetables? Would you say:

**[Please read:]**

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor

**[Do not read:]**

- 7 Don't know/ Not sure
- 9 Refused

13.3 How would you rate the variety of their fresh fruits and vegetables? Would you say:

**[Please read:]**

- 1      Excellent
- 2      Good
- 3      Fair
- 4      Poor

**[Do not read:]**

- 7      Don't know/ Not sure
- 9      Refused

13.4. How would you rate the affordability of their fresh fruits and vegetables? Would you say:

**[Please read:]**

- 1      Very affordable
- 2      Somewhat affordable
- 3      Not affordable

**[Do not read:]**

- 7      Don't know/ Not sure
- 9      Refused

13.5 How often do you usually purchase food items, not including beverages, from a vending machine?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 \_ \_ Per month
- 4 \_ \_ Per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

## Section 14: Food Security Scale

These next questions are about the food eaten in your family. People do different things when they are running out of money for food to make their food or money go further.

14.1 In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Yes
- 2 No **[Skip to Q 14.3]**
- 7 Don't know/ Not sure **[Skip to Q 14.3]**
- 9 Refused **[Skip to Q 14.3]**

14.2 How often did this happen?

**[Please read:]**

- 1 Almost every month
- 2 Some months but not every month
- 3 Only in 1 or 2 months

**[Do not read:]**

- 7 Don't know / Not sure
- 9 Refused

14.3 In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

14.4 In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

Now I'm going to read you 2 statements that people have made about their food situation. For these statements, please tell me whether the statement was often, sometimes, or never true for you or other members of your household in the last 12 months.

14.5 The first statement is, “The food that I or we bought just didn’t last, and I or we didn’t have money to get more.”. Was that often, sometimes or never true for you in the last 12 months?

- 1 Often
- 2 Sometimes
- 3 Never
- 7 Don’t know / Not sure
- 9 Refused

14.6 “I or we couldn’t afford to eat balanced meals.” Was that often, sometimes, or never true for you in the last 12 months?

- 1 Often
- 2 Sometimes
- 3 Never
- 7 Don’t know / Not sure
- 9 Refused

## **Section 15. Demographics**

15.1 Are you the person that is mainly responsible for food purchasing in your household?

- 1 Yes
- 2 No
- 3 Shared equally
- 7 Don’t know/ Not sure
- 9 Refused

15.2 Are you the person that is mainly responsible for food preparation in your household?

- 1 Yes
- 2 No
- 3 Shared equally
- 7 Don’t know/ Not sure
- 9 Refused

15.3 What is your age?

- — — Code age in years
- 07 Don’t know/ Not sure
- 09 Refused

15.4 Are you:

**[Please read:]**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married
- OR
- 6 A member of an unmarried couple

**[Do not read:]**

- 9 Refused

15.5 How many children less than 18 years of age live in your household?

-- Number of children

88 None

99 Refused

15.6 What is the highest grade or year of school that you have completed?

**[Read only if necessary]**

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused



15.7 Is your annual household income from all sources:

**[Note: if respondent refuses at any income level, code refused.]**

- 04 Less than \$25,000 If “no” as 05; if “yes” ask 03 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If “no” code 04; if “yes” ask 02 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If “no” code 03; if “yes” ask 01 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If “no” code 02
- 05 Less than \$35,000 If “no” ask 06 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If “no” ask 07 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If “no” code 08 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more

**[Do not read]:**

- 77 Don’t know/ Not sure
- 99 Refused

15.8 About how much do you weigh without shoes?

**[Note: If respondent answers in metrics, put "9" in 1<sup>st</sup> position, see example below.]**

Round fractions up

— — — — Weight in pounds (Ex. 200 pounds = 200)  
or kilograms (Ex. 196 kilograms = 9126)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

15.9 About how tall are you without shoes?

**[Note: If respondent answers in metrics, put "9" in 1<sup>st</sup> position, see example below.]**

Round fractions down

— — / — — Enter height in feet & inches (Ex. 5 feet 9 inches = 509) or  
in meters & centimeters (Ex. 1 meter 75 centimeters = 9175)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

15.10 What county do you live in?

- — — FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

15.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No **[Go to Q15.13]**
- 7 Don't know / Not sure **[Go to Q 15.13]**
- 9 Refused **[Go to Q15.13]**

15.12 How many of these are residential numbers?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

15.13 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include when service is interrupted by weather or natural disasters.

- 1 Yes
- 2 No
- 7 Don't know/ Not sure
- 9 Refused

15.14 Indicate sex of respondent. Ask only if necessary.

- 1 Male
- 2 Female

## **Section 16: Child Health, Activity and Nutrition**

**If no children under age 18 (Q15.5 = 88) in the household, go to closing.**

- 16.1. Previously, you indicated there were [number from core, Q15.4] children under age 18 in your household. What is the age of the [randomly selected -- oldest, second oldest, etc.] child?

1   \_\_   \_\_           Age in months  
2   \_\_   \_\_           Age in years  
7   7   7           Don't know/Not sure **[Go to closing]**  
9   9   9           Refused **[Go to closing]**

- 16.2. What is the gender of this child?

1       Male  
2       Female  
9       Refused **[Go to closing]**

- 16.3. Is the [randomly selected child] child Hispanic or Latino?

1       Yes  
2       No  
7       Don't know/ Not sure  
9       Refused

- 16.4. Which one or more of the following would you say is the race of the [randomly selected child]?

**Check all that apply**

**[Please read:]**

1       White  
2       Black or African American  
3       Asian  
4       Native Hawaiian or Other Pacific Islander  
5       American Indian, Alaska Native  
          OR  
6       Other (specify:\_\_\_\_\_)

**[Do not read:]**

8       No additional choices  
7       Don't know/ Not sure  
9       Refused

**[If more than one race selected in Q16.4 continue with Q16.5. Else skip to Q16.6.]**

16.5 Which one of these groups would you say best represents the race of the [randomly selected child?]

**[Please read:]**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other (specify:\_\_\_\_\_)

**[Do not read:]**

- 7 Don't know/ Not Sure
- 9 Refused

16.6 How are you related to the [randomly selected child?]

- 1 Parent (mother or father) [interviewer instruction: include biologic, step or adoptive]
- 2 Grand parent
- 3 Foster parent
- 4 Sibling (brother or sister) [interviewer instruction: include biologic, step or adoptive sibling]
- 5 Guardian
- 6 Not related
- 7 Other (specify:\_\_\_\_\_)

- 77 Don't know/ Not sure
- 99 Refused

16.7 Would you say that in general the child's health is:

**[Please read:]**

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

**[Don't read]**

- 7 Don't know / Not sure
- 9 Refused

If the randomly selected child is less than 5 years old, skip to Q16.10; otherwise continue.

16.8 When weather permits, on how many days per week does the [randomly selected child] usually walk to school?

- — Number of days  
5 5 Child is not in school or is home schooled  
8 8 None  
7 7 Don't know/ Not sure  
9 9 Refused

16.9 When weather permits, on how many days per week does the [randomly selected child] usually bike to school?

- — Number of days  
5 5 Child is not in school or is home schooled  
8 8 None  
7 7 Don't know/ Not sure  
9 9 Refused

16.10 In your household, are there household rules about the amount of time the [randomly selected child] is allowed to watch television or play computer or video games?

- 1 Yes  
2 No **[Skip to Q16.12]**  
7 Don't know/ Not sure **[Skip to Q16.12]**  
9 Refused **[Skip to Q16.12]**

16.11 How many hours per day is the [randomly selected] child allowed to watch television or play computer or video games?

- — Number of hours  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

16.12 Is there a working television in the room where the [randomly selected child] sleeps?

- 1 Yes  
2 No  
7 Don't know/ Not sure  
9 Refused

16.13 In your household, are there limits on the amount of sweetened beverages, such as sodas, Kool-aid, sports drinks or sweetened fruit juices that the [randomly selected child] is allowed to drink?

- 1 Yes
- 2 No **[Skip to Q16.15]**
- 7 Don't know/ Not sure **[Skip to Q16.15]**
- 9 Refused **[Skip to Q16.15]**

16.14 About how many 6-8 ounce servings per day of sweetened beverages is your child allowed?

- \_ \_ Number of beverages (25 = 25 or more)
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

16.15 In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert?

.....Chips such as potato chips, corn chips, cheese puffs

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

16.16 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Crackers?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 16.17 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Cookies, cakes, brownies or granola bars?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 16.18 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Candy of any kind?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

- 16.19 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Snacks like pizza, pizza rolls, etc.?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

16.20 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Fresh fruits?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

16.21 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Fresh vegetables?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused

16.22 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Yogurt ?

1 \_ \_ Per day  
2 \_ \_ Per week  
3 3 3 Less than once per week  
8 8 8 Never  
7 7 7 Don't know / Not sure  
9 9 9 Refused



- 16.23 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Cheese?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 16.24 [In your household, how many times per day or per week does the [randomly selected child] eat each of the following kinds of foods as a snack or dessert:]

.....Ice cream?

- 1 \_ \_ Per day
- 2 \_ \_ Per week
- 3 3 3 Less than once per week
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 16.25 How would you rate this child's current weight?

**[Please read:]**

- 1 Very underweight
- 2 Slightly underweight
- 3 About the right weight
- 4 Slightly overweight
- 5 Very overweight

**[Don't read]**

- 7 Don't know / Not sure
- 9 Refused

## **CLOSING STATEMENT**

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in Kansas. Thank you very much for your time and cooperation.